

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B1		04-11-01
O.L.P.E. CLASSIFIER		10	5-4-01
FORMALITY REVIEW	C1	7-5-03	05/14/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
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50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
54	✓	✓	✓
55	✓	✓	✓
56	✓	✓	✓
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94	✓	✓	✓
95	✓	✓	✓
96	✓	✓	✓
97	✓	✓	✓
98	✓	✓	✓
99	✓	✓	✓
100	✓	✓	✓

Claim	Final	Original	Date
101	✓	✓	✓
102	✓	✓	✓
103	✓	✓	✓
104	✓	✓	✓
105	✓	✓	✓
106	✓	✓	✓
107	✓	✓	✓
108	✓	✓	✓
109	✓	✓	✓
110	✓	✓	✓
111	✓	✓	✓
112	✓	✓	✓
113	✓	✓	✓
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125	✓	✓	✓
126	✓	✓	✓
127	✓	✓	✓
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129	✓	✓	✓
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134	✓	✓	✓
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136	✓	✓	✓
137	✓	✓	✓
138	✓	✓	✓
139	✓	✓	✓
140	✓	✓	✓
141	✓	✓	✓
142	✓	✓	✓
143	✓	✓	✓
144	✓	✓	✓
145	✓	✓	✓
146	✓	✓	✓
147	✓	✓	✓
148	✓	✓	✓
149	✓	✓	✓
150	✓	✓	✓

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

10-1-50